PTO/SB/81 (11-04)
Approved for use through 11/04/2005, OMB 0851-0005
U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless a distribute a wall of the Under the Paperwork Reduction Act of 1895, no persons are red

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

×

1		mentost unless a displaye a valid CMB collifor hyptoer.					
	Application Number	10/596,792					
	Filling Date	June 23, 2006					
	First Named Inventor	Ben John HALFORD					
	Title	Reconfigurable workplece support					
	Art Unit	Not Assigned					
	Examiner Name	Not Assigned					
	Attorney Docket Number	MARKEDOS					

i nareby revoke a	II previous power	or autorney	given in t	ie apove-ide	шина арри	Jacon.						
I hereby appoint:												
X Practitioners as	sociated with the Cus	lomer Number:	224	430								
OR			<u> </u>									
Practitioner(s)	named below:											
	Name				Registration Number							
 												
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and												
Trademark Office con	nected therewith.											
Please recognize or ci	nange the correspond	ence address for	the above	identified applica	ation to:							
The address associated with the above-mentioned Customer Number:												
OR	and the same of th	JC TO-III OIL OIL O	-	torribor.		7						
Π			1			1				- 1		
OR address	associated with Cust	omer Number:				J						
Firm or Individual	Nama]		
Address	/ Calific									\neg		
City				State			Ziρ					
Country										_		
Telephone				Fax						\dashv		
lem the:										- 1		
Applicant/Invi				1								
	ecord of the entire Inte der 37 CFR 3.73(b) is			16)								
Cutterion un	. 1			or Assignee of	Record							
Signature	- PIV V	PICIONE	Арричи	COI FLUIDING CO	7,000.1	Date	19	107	106			
Name	- 18C-1	HALFORS				Telephone		101	06			
Title and Company	C€o	SURFACE	Genera	Ten 150		- erepriorie						
NOTE: Signatures of all II					ha(a) are recuirs	d Submit mu	tiple for	me if mo	ra than on	e		
NOTE: Signatures of all II signature is required, see	below".	Or locold or the el	ing simings (n men tehtoogisti	(1-0/3) as a residució							
*Total of	forms are su	milled.										
7	Contract Services	1 4 9 1 1 22 and 1	33. The Info	metion is required	to obtain or nata	n a benefit by	the put	lle which	is to file (and by		
the USPTO to process) a to complete, including gal												
comments on the amoun	t of time you require to o	omplete this form sent of Commerce	end/or sugge . P.O. Box 1	estions for reducing 1450. Alexandris. \) this burden, sh /A 22313-1450	. DO NOT S						
FORMS TO THIS ADDRE	SS. BEND TO: Comm	Issioner for Pa	tents, P.O.	Box 1450, Alex	andria, VA 22	313-1450.						

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.